

INVOICE SUMMARY

Item Number	Sun Invoice Number	SLD Invoice Number	Date	Amount Invoiced	Notes
1	13314	1916252	10/23/2013	\$190,007.82	Paid \$55,716.70 on 11/21/13
2	14332	1960813	2/3/2014	\$15,833.99	Paid \$9,286.11; refused \$6,547.88
3	14326	1962824	2/5/2014	\$39,287.21	Paid \$27,858.34; refused \$11,428.87
4	14358	1994189	4/23/2014	\$97,146.67	Not approved
5	14358	2008628	5/29/2014	\$97,146.67	Paid \$18,572.22; refused \$78,574.45
6	14358	2062377	9/7/2014	\$78,574.45	Not approved
7	14358A	2122181	12/10/2014	\$51,430.48	Not approved
8	15460	2131715	1/7/2015	\$27,143.97	Not approved
9	16709	2476215	11/29/2016	\$78,574.45	Not approved
TOTAL PAID				\$111,433.37	

FCC Form 474	Do not write in this space.	Approval by OMB 3060 – 0856 Estimated time per response: 1.5 hours
Please read instructions before completing.	Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filed online or by mail.	<i>SECURITY CODE</i> <i>53510</i>
Service Provider Form Identifier 13314 (Create an identifier for your reference)		Form 474 Invoice # 1916252 (To be inserted by administrator)
Block 1: Service Provider Information		
1. Service Provider Name Sun Microwave, Inc.		
2. Service Provider Identification Number (SPIN) 143024442		
3. Contact Person's Name Al Pfeltz		
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.:		
Contact Fax Number Area Code: 760 Fax Number: 7495790		
Contact Email Address al@sunmicrowave.com		
5. Total Invoice Amount 190007.82		

SPIN 143024442							
Service Provider Form Identifier 13314							
Contact Person Al Pfeltz							
Contact Telephone Number 760-7495770							
Block 2: Funding Request Number Information							
6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Discount Amount Billed to USAC
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH				
884447	2408430	ANNUALLY	09/01/2013		234577.56	.81	190007.82

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>13314</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input checked="" type="checkbox"/> A I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input checked="" type="checkbox"/> B I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p><input checked="" type="checkbox"/> C I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person	15. Date 10/23/2013
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770 Ext:	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA. 92082	

FCC Form 474		Do not write in this space.		Approval by OMB 3060 – 0856 * Estimated time per response: 1.5 hours	
<i>LEMIN GROVE</i> <i>LEMIN GROVE</i>					
Please read instructions before completing		Schools and Libraries Universal Service Service Provider <u>Invoice Form 474</u> This form can be filed online or by mail.		<i>SECURITY CODE</i> <i>11699</i>	
Service Provider Form Identifier <u>14332</u> (Create an identifier for your reference)		Form 474 Invoice # <u>1960813</u> (To be inserted by administrator)			
Block 1: Service Provider Information					
1. Service Provider Name <u>Sun Microwave, Inc.</u>					
2. Service Provider Identification Number (SPIN) <u>143024442</u>					
3. Contact Person's Name <u>Al Peltz</u>					
4. Contact Telephone Number <u>Area Code: 760 Phone Number: 7495770 Ext.:</u>					
Contact Fax Number <u>Area Code: 760 Fax Number: 7495790</u>					
Contact Email Address <u>al@sunmicrowave.com</u>					
5. Total Invoice Amount <u>15833.99</u>					

Page 1 of 4

FCC Form 474

July 2013

DMT/AL
01296.11

SPIN 143024442

Service Provider Form Identifier 14332

Contact Person Al Pfeltz

Contact Telephone Number 760-7495770

Block 2: Funding Request Number Information

6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Discount Amount Billed to USAC
For each FRN, there should be an entry in Column 9 or Column 10 but <u>NOT BOTH</u>							
884447	2408430	MONTHLY	11/01/2013		19548.13	8%	15833.99

Service Provider Invoice FCC Form 474**Service Provider Form Identifier** 14332**Contact Person** Al Pfeltz**Contact Telephone Number** 760-7495770**Block 3: Service Provider Certifications & Signature**

I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:

- A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments
- B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct
- C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities

14. Signature of authorized person**15. Date** 2/3/2014**16. Printed name of authorized person**

Al Pfeltz

17. Title or position of authorized person

Vice President

18. Telephone number of authorized person

760-7495770 Ext:

19. Address of authorized person13868 Little Creek Lane
Valley Center CA 92082

January

FCC Form 474	Do not write in this space.	Approval by OMB 3060 – 0856 Estimated time per response: 1.5 hours
Please read instructions before completing.	Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filed online or by mail.	
Service Provider Form Identifier 14326 (Create an identifier for your reference)		Form 474 Invoice # 1962824 (To be inserted by administrator)

Block 1: Service Provider Information

1. Service Provider Name Sun Microwave, Inc.	
2. Service Provider Identification Number (SPIN) 143024442	
3. Contact Person's Name Al Pfeltz	
4. Contact Telephone Number	Area Code: 760 Phone Number: 7495770 Ext.:
Contact Fax Number	Area Code: 760 Fax Number: 7495790
Contact Email Address al@sunmicrowave.com	
5. Total Invoice Amount 39287.21	

*PRINTED
2/4/14*

27,959.34

SPIN 143024442							
Service Provider Form Identifier 14326							
Contact Person Al Pfeltz							
Contact Telephone Number 760-7495770							
Block 2: Funding Request Number Information							
6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Discount Amount Billed to USAC
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH				
993498 884447-	2408430	MONTHLY	11/01/2013		48502.73	81	39287.21

Page 2 of 4

FCC Form 474

July 2013

2429324

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>14326</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input type="radio"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input checked="" type="radio"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p><input type="radio"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person	15. Date 2/5/2014
16. Printed name of authorized person Al Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770 Ext:	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082	

FCC Form 474 <i>Letter from</i>	Do not write in this space.	Approval by OMB 3060 – 0856 Estimated time per response: 1.5 hours
Please read instructions before completing	Schools and Libraries Universal Service Service Provider Invoice Form 474 This form can be filed online or by mail.	SECURITY CODE 39050
Service Provider Form Identifier 14358 (Create an identifier for your reference)		Form 474 Invoice # 1994189 (To be inserted by administrator)

Block 1: Service Provider Information

1. Service Provider Name	Sun Microwave, Inc.
2. Service Provider Identification Number (SPIN)	143024442
3. Contact Person's Name	Al Pfeltz
4. Contact Telephone Number	Area Code: 760 Phone Number: 7495770 Ext.:
Contact Fax Number	Area Code: 760 Fax Number: 7495790
Contact Email Address	al@sunmicrowave.com
5. Total Invoice Amount	97146.67

Al Pfeltz

SPIN 143024442							
Service Provider Form Identifier 14358							
Contact Person Al Pfeltz							
Contact Telephone Number 760-7495770							
Block 2: Funding Request Number Information							
6. Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mmddyyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Discount Amount Billed to USAC
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH				
884447	2408430	MONTHLY	07/01/2013		119934.16	81	97146.67

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>14358</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments</p> <p><input type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct</p> <p><input type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities</p>	
14. Signature of authorized person	15. Date 4/23/2014
16. Printed name of authorized person Al Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770 Ext:	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082	

FCC Form 474 Do not Staple This Form		Approved by OMB OMB Control No. 3060-0856 Estimated time per response: 10 hours	
<i>6000-0000</i>		Do not write in this space.	
Schools and Libraries Universal Service Service Provider Invoice FCC Form 474 This form can be filed online or by mail.			
Please read instructions before completing			
Service Provider Form Identifier: 14358 (Create an identifier for your own reference)		FCC Form 474 Invoice # 2008626 (To be inserted by administrator)	
Block 1: Service Provider Information			
1. Service Provider Name Sun Microwave, Inc.			
2. Service Provider Identification Number (SPIN) 143024442			
3. Contact Person's Name Al Peltz			
4. Contact Telephone Number Area Code: 760 Phone Number: 7495770 Ext.			
Contact Fax Number Area Code: 760 Fax Number: 7495790			
Contact Email Address al@sunmicrowave.com			
5. Total Invoice Amount (total of Block 2, Column 13) 97146.67			

Page 1 of 4

FCC Form 474

July 2013

Approved by OMB
OMB Control No. 3060-0856

SPIN 143024442							
Service Provider Form Identifier 14358							
Contact Person Al Pfeltz							
Contact Telephone Number 760-7495770							
Block 2: Funding Request Number Information							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH							
884447	2408430	MONTHLY	07/01/2013		119934.16	81	97146.67
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5							

Approved by OMB
OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>14358</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p>A I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p>B I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p>C I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person	15. Date 5/29/2014
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA 92082	

FCC Form 474
Do not Staple This Form

Do not write in this space.

Approved by OMB
OMB Control No. 3060 –
0856

Estimated time per response:
1.0 hour

**Schools and Libraries Universal
Service
Service Provider Invoice FCC Form
474**

**This form can be filed online or by
mail.**

Please read instructions before
completing

Service Provider Form Identifier
14358

(Create an identifier for your own
reference)

FCC Form 474 Invoice

2062377

(To be inserted by administrator)

Block 1: Service Provider Information

- | | | |
|---|----------------|----------------------------|
| 1. Service Provider Name | | Sun Microwave, Inc. |
| 2. Service Provider Identification Number (SPIN) | | 143024442 |
| 3. Contact Person's Name | | Al Pfeltz |
| 4. Contact Telephone Number | Area Code: 760 | Phone Number: 7495770 Ext. |
| Contact Fax Number | Area Code: 760 | Fax Number: 7495790 |
| Contact Email Address | | al@sunmicrowave.com |
| 5. Total Invoice Amount (total of Block 2, Column 13) | | 78574.45 |

Approved by OMB
OMB Control No. 3060 – 0856

SPIN 143024442						
Service Provider Form Identifier 14358						
Contact Person Al Pfeltz						
Contact Telephone Number 760-7495770						
Block 2: Funding Request Number Information						
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	Di
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH			
884447	2408430	MONTHLY	07/01/2013		97005.49	81
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5						

Approved by OMB
OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>14358</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p><input type="radio"/> A I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input type="radio"/> B I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p><input type="radio"/> C I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities</p>	
14. Signature of authorized person	15. Date 9/7/2014
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA, 92082	

FCC Form 474
Do not Staple This Form

Do not write in this space.

Letter 6/20/13

Approved by OMB
OMB Control No. 3060 –
0856

Estimated time per response:
1.0 hour

**Schools and Libraries Universal
Service
Service Provider Invoice FCC Form
474**

Please read instructions before
completing

**This form can be filed online or by
mail.**

*Security Code
66219*

Service Provider Form Identifier
14358A
(Create an identifier for your own
reference)

FCC Form 474 Invoice
2122181
(To be inserted by administrator)

Block 1: Service Provider Information

1. Service Provider Name Sun Microwave, Inc.	
2. Service Provider Identification Number (SPIN) 143024442	
3. Contact Person's Name Al Pfeltz	
4. Contact Telephone Number	Area Code: 760 Phone Number: 7495770 Ext.
Contact Fax Number	Area Code: 760 Fax Number: 7495790
Contact Email Address al@sunmicrowave.com	
5. Total Invoice Amount (total of Block 2, Column 13) 51430.48	

Page 1 of 4

FCC Form 474

July 2013

*1/7/15 CASE # 22-746774
STILL UNDER REVIEW*

Approved by OMB
OMB Control No. 3060 – 0856

SPIN 143024442						
Service Provider Form Identifier 14358A						
Contact Person Al Pfeltz						
Contact Telephone Number 760-7495770						
Block 2: Funding Request Number Information						
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	Di
			For each FRN, there should be an entry in Column 9 or Column 10 but NOT BOTH			
884447	2408430	MONTHLY	06/01/2014		63494.42	81
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5						

Approved by OMB
OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>14358A</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
<p>I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:</p>	
<p>✓ A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p>✓ B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p>✓ C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person ✓	15. Date 12/10/2014
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA. 92082	

FCC Form 474

Do not Staple This Form

Do not write in this space.

LEMON GROVE

Approved by OMB

OMB Control No. 3060 –

0856

Estimated time per response:

1.0 hour

**Schools and Libraries Universal
Service****Service Provider Invoice FCC Form
474**Please read instructions before
completing**This form can be filed online or by
mail.***Service Code 43878*

Service Provider Form Identifier

15460(Create an identifier for your own
reference)

FCC Form 474 Invoice

2131715

(To be inserted by administrator)

Block 1: Service Provider Information**1. Service Provider Name** Sun Microwave, Inc.**2. Service Provider Identification Number (SPIN)** 143024442**3. Contact Person's Name** Al Pfeltz**4. Contact Telephone Number** Area Code: 760 Phone Number: 7495770 Ext.

Contact Fax Number Area Code: 760 Fax Number: 7495790

Contact Email Address al@sunmicrowave.com

5. Total Invoice Amount (total of Block 2, Column 13) 27143.97

Page 1 of 4

FCC Form 474

July 2013

*Balance of the 2013-2014 Month
This covers PPM*

*16709**2017 6215 1600165**27129 500*

Approved by OMB
OMB Control No. 3060 – 0856

SPIN <u>143024442</u>						
Service Provider Form Identifier <u>15460</u>						
Contact Person <u>Al Pfeltz</u>						
Contact Telephone Number <u>760-7495770</u>						
Block 2: Funding Request Number Information						
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	Di
			For each FRN, there should be an entry in Column 9 or Column 10 but <u>NOT BOTH</u>			
884447	2408430	MONTHLY	06/01/2014		33511.07	81
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5						

Approved by OMB
OMB Control No. 3060 – 0856

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>15460</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
<p>I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:</p>	
<p><input checked="" type="checkbox"/> A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p><input checked="" type="checkbox"/> B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct</p> <p><input checked="" type="checkbox"/> C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities</p>	
14. Signature of authorized person	15. Date 1/7/2015
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA. 92082	

FCC Form 474

Do not write in this space.

Approved by OMB
OMB Control No. 3060 – 0856
Estimated time per response: 1.0 hour

Please read instructions before completing

**Schools and Libraries Universal Service
Service Provider Invoice FCC Form 474***Secure Code 27724*Service Provider Form Identifier
16709

(Create an identifier for your own reference)

FCC Form 474 invoice
2476215

(To be inserted by administrator)

Block 1: Service Provider Information

- | | | |
|---|----------------|----------------------------|
| 1. Service Provider Name | | Sun Microwave, Inc. |
| 2. Service Provider Identification Number (SPIN) | | 143024442 |
| 3. Contact Person's Name | | Al Pfeltz |
| 4. Contact Telephone Number | Area Code: 760 | Phone Number: 7495770 Ext. |
| Contact Fax Number | Area Code: 760 | Fax Number: 7495790 |
| Contact Email Address | | al@sunmicrowave.com |
| 5. Total Invoice Amount (total of Block 2, Column 13) | | 78574.45 |

SPIN <u>143024442</u>							
Service Provider Form Identifier <u>16709</u>							
Contact Person <u>Al Pfeltz</u>							
Contact Telephone Number <u>760-7495770</u>							
Block 2: Funding Request Number Information							
6. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	7. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	8. Bill Frequency (e.g., Monthly, Quarterly, Annually, One-time, Other)	9. Customer Billed Date (mm/yyyy)	10. Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	11. Total (Undiscounted) Amount for Service per FRN	12. Discount Rate	13. Amount Billed to USAC (Column 11 multiplied by Column 12)
For each FRN, there should be an entry in Column 9 or Column 10 but <u>NOT</u> <u>BOTH</u>							
884447	2408430	ANNUALLY	07/01/2013		97005.49	81	78574.45
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM 5							

Service Provider Invoice FCC Form 474	
Service Provider Form Identifier <u>16709</u>	
Contact Person <u>Al Pfeltz</u>	
Contact Telephone Number <u>760-7495770</u>	
Block 3: Service Provider Certifications & Signature	
I declare under penalty of perjury that the foregoing is true and correct and that I am authorized to submit this Service Provider Invoice Form (FCC Form 474) and acknowledge to the best of my knowledge, information and belief, as follows:	
<p>A. I certify that this Service Provider is in compliance with the rules and orders governing the schools and libraries universal service support program and I acknowledge that failure to be in compliance and remain in compliance with those rules and orders may result in the denial of discount funding and/or cancellation of funding commitments.</p> <p>B. I certify that the certifications made on the Service Provider Annual Certification Form (FCC Form 473) by this Service Provider are true and correct.</p> <p>C. I acknowledge that failure to comply with the rules and orders governing the schools and libraries universal service support program could result in civil or criminal prosecution by law enforcement authorities.</p>	
14. Signature of authorized person	15. Date 11/29/2016
16. Printed name of authorized person Albert R. Pfeltz	
17. Title or position of authorized person Vice President	
18. Telephone number of authorized person 760-7495770	
19. Address of authorized person 13868 Little Creek Lane Valley Center CA, 92082	